

# Form CPF 102ND: Campaign Finance Report Office of Campaign and Political Finance

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Commonwealth f Massachmotts		·		CITY		
File with: Director  Office of Campaign and Political Finance  One Ashburton Place  Boston, MA 02108  617) 727-8352	Please print or type all in	formation except cional		CPF ID#_	BOSTON.	HA.
017) 727-8352	Trease print of type an in	Torniadon, except signal	uics.	<del></del>		<del></del>
Fill in dates: Reporting Period Beginning	Month Date	1009 Ending	Month / 2	Date 3 /	2009	
Type of report: (Check one)  ☐8th day preceding primary		n □year-end report	dissolution	□30 days a	after special ele	ction
Terry P.  Full Name of  District  Office Sough  72 Burton  Residential	9 Boston City Cap ht/District 5 J	1) Aoibhean 94 Pin	e of Committee / d S T. amittee Mailing	ame C <u>Derm</u> Treasurer <i>WeSTw</i>	rod, ma	
(-1157100)	Tel. No. (optional)		9170		(o. (optional)	
Line 2: To Line 3: Su Line 4: To Line 5: En Line 6: Tot Line 7: Tot	SUMMARY BAI ding balance from p tal receipts this peri btotal (line 1 plus line 2) tal expenditures this ding balance (line 3 mi al in-kind contribution al (all) outstanding lia ne of bank(s) used	s period (page 3, line inus line 4) ns this period (page 4)	\$_/ \$_ \$_ \$_ \$_ \$_ \$_ \$_ \$_ \$_ \$_ \$_ \$_ \$_	1,159. 1,159. 11,159. 11,09. -0.	89 	
Affidavit of Committee Treasurer: I certify that I have examined this report finance activity, including all contribut campaign finance activity of all persons.  Treasurer's signature (in ink)	ions, loans, receipts, expenditures, dis s acting under the authority or on beha	bursements, in-kind contribution	ns and liabilities fo unce with the requir	r this reporting	period and represent L. c. 55.	
Affidavit of Candidate: (check 1 bo Candidate with Committee and m I certify that I have examined this repo finance activity, of all persons acting t contributions, incurred any liabilities of Candidate without committee of I certify that I have examined this repo finance activity, including contribution campaign finance activity of all person	no activity independent of the comment, and attached schedules, and it is, to under the authority or on behalf of this or made any expenditures on my behalf. Candidate with independent activat, and attached schedules and it is, to is, loans, receipts, expenditures, disbures,	o the best of my knowledge and is committee in accordance with alf during this reporting period. vity filling separate report the best of my knowledge and reements, in-kind contributions	the requirements of belief, a true and co and liabilities for t	of M.G.L. c. 55.  omplete statements reporting per	I have not received int of all campaign riod and represents t	

1-14-2010 Date

#### SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

This page may be copied if additional pages are required to report all receipts. Please include your committee name, CPF ID# and a

page number on each page.

Date Received	Name and Residential Address (alphabetical listing required)	Amo	ount	Occupation & Employer (for contributions of \$200 or more)
		,		
			,	
		,		
Line 9: Tota	al receipts in excess of \$50 (or listed above)			
Line 10: Tota	al receipts \$50 and under* (not listed above)			
Line 11: TO	TAL RECEIPTS IN THE PERIOD -	-0		Enter on page 1, line 2

<sup>\*</sup> If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.

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### **SCHEDULE B: EXPENDITURES**

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

This page may be copied if additional pages are required to report all expenditures. Please include your committee name, CPF ID#

and a page number on each page.

Date Paid	(alphabetical listing)				
10/26/09	Jerome P. McDermo TT	94 Pond ST. Westwood, ma 07090	Repayment of Loan to Committee	\$11.159	89
				,	
		<u> </u>	Expenditures over \$50	11,159	89
	Enter on page 1, line 4		Expenditures \$50 and under* TOTAL EXPENDITURES	-0	20

<sup>\*</sup> If you have itemized expenditures \$50 and under include them in line 12. Line 13 should include only those expenditures not itemized above.

## SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together, from the committee's records, and included in line 16.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
·				
		Line 15:	In-kind over \$50	
		Line 16:	In-kind \$50 and under	
	Enter on page 1, line 6	Line 17:	Total In-kind	-0-

<sup>\*</sup> If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contributor has given an aggregate amount of \$200 or more in a calendar year, you must also report the contributor's occupation and employer.

#### SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address Pur	rpose Amount
			·
	Array, Alarys v		
L	Enter on page 1, line 7	Line 18: OUTSTANDING LIABILITY	ES (ALL) - 0 -

This page may be copied if additional pages are required to report all activity. Please include your committee name, CPF ID# and a page number on each page.

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